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7590 01/18/2005			have its own certificate of mailing or transmission.			
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,737	01/24/2002	Shintaro Shimogori			032865-014	4236
FITLE OF INVENTION: D	OATA PROCESSING SYSTI	EM, DATA PROC	ESSING API	PARATUS AND CONTROL I	METHOD FOR A DATA PRO	OCESSING APPARATU
, i						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	04/18/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
COLEMAN, ERIC		2183		712-034000		
CFR 1.363).	dence address (or Change of		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, BURNS, DOANE, SWECKE & MATHIS, L.L.P.			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ition form e of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	clow, no assignee of this form is NOT	data will app Fa substitute	ear on the patent. If an assig for filing an assignment.	mee is identified below, the o	locument has been filed
(A) NAME OF ASSIGN	IEE	· (B) RESIDEN	CE: (CITY and STATE OR CO	OUNTRY)	
PACIFIC DE	SIGN, INC.		TO	KYO, JARAN		-
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	oatent): 🗖 Individual 🔯 (Corporation or other private gr	oup entity Governm
a. The following fee(s) are	enclosed:	4b	. Payment of	, •		
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies Three (3)			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment			
Advance Order - # o	f Copies		The Direction Deposit Acc	ector is hereby authorized by ount Number <u>02-4800</u>	charge the required fee(s), or (enclose an extra c	credit any overpayment copy of this form).

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Authorized Signature

Typed or printed name William C. Rowland

7-12-05

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

30,888 Registration No.

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.